Telephone communication for resident on warfarin

Date: __8/17/07____Time: ___9:00 am____

Scenario 5: Mr. Lee, Dr. Rodriguez

Situation

Originator of call: ___STATE NAME_____**I am calling about warfarin patient** <resident name >, **one of Dr.** <MD name>**'s patients at** <nursing home>.

The issue I am calling about *(select from the following options)* is:

New INR Result

INR result:

_____

Change in Condition

- ☐ fall with potential injury
- ☐ skin tear with potential complication
- ☐ fever
- ☐ ANY bleeding or bruising
- ☐ other injury:
- ☐ other medication issue:
- ☐ abnormal UA test results
- ☐ abnormal chest Xray results
- ☐ other, specify: POSSIBLE UTI

Fall without injury/ Minor skin tear

- ☐ fall
  - ☐ no injury noted
  - ☐ no bleeding/bruising
- ☐ skin tear
  - ☐ no redness noted
  - ☐ no drainage
  - ☐ size: apx ___ cm

If calling for one of these situations, skip to the Recommended Action section

Background

Last 2 INR test results

INR Date	INR	Dosing Pattern	Date from	Date to
__7/26/07_	___2.5___	Current ___2 alternating with 3 ____mg	___5/24/07___	___NOW___
_ 6/28/07__	____2.4__	Previous ____2 alternating with 3 ___mg	___5/24/07___	___ NOW__

Indication for warfarin: ☐ AFIB ☐ DVT/PE ☐ MECHANICAL HEART VALVE ☐ OTHER _____

Other important medications the resident is taking (including past 3 days):

- ✓ antibiotics: cipro for a UTI
- ☐ NSAIDs (e.g. ibuprofen, motrin, piroxicam, indocin, meloxicam, etc):
- ☐ aspirin or Plavix (clopidogrel)

Assessment

☐ No concerns

✓ I'm uncomfortable about this patient because: ☐ high INR ✓ bleeding/bruising ☐ other

☐ low INR

Recommended Action

Based on Nurse Assessment

Say what you think would be helpful or needs to be done, which might include:

☐ No new orders needed

ENTER ALL ORDERS DIRECTLY ONTO THE PHYSICIAN ORDER SHEET

INR/Warfarin Recommendations

- ☐ Tell me if the warfarin dose should be changed or held
- ✓ Tell me when to repeat the INR ☐ In 3 days? ☐ In 7 days? ✓ Other? TODAY?

Other Recommendations

- ☐ Tell me whether to order an antibiotic
  - ☐ If so, should we adjust the warfarin dose?
    - ☐ When should we schedule the next INR test?
- ☐ Tell me whether to order other tests
- ☐ Should we send the patient to the emergency department?

When do you want us to call again (or under what conditions)?

Response from MD or office

Who responded: _____ Date:_____ Time: _____

Signature _____ **Date**_____

SOURCE: Meyers Primary Care Institute (a joint endeavor of University of Massachusetts Medical School, Fallon Community Health Plan, and Fallon Clinic), Worcester, MA. July, 2010.